

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL	<input type="checkbox"/> Print Name _____ <input type="checkbox"/> Company Name: <u>N/A</u> CC# _____ License #: _____ Phone #: _____	Signature _____ _____ _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL	<input type="checkbox"/> Name _____ <input type="checkbox"/> A/C _____ Name: _____ CC# _____	Signature _____ _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/	<input type="checkbox"/> Print _____ <input type="checkbox"/> GAS _____ Company _____ CC# _____ License #: _____	Signature _____ _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING	<input type="checkbox"/> Print Name _____ <input type="checkbox"/> Company Name: _____ CC# _____ License #: _____	Signature _____ _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL	<input type="checkbox"/> Print Name _____ <input type="checkbox"/> Company Name: _____ CC# _____ License #: _____	Signature _____ _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/	<input type="checkbox"/> Print Name _____ <input type="checkbox"/> SPRINKLER _____ Company Name: _____ CC# _____ License #: _____	Signature _____ _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR	<input type="checkbox"/> Print Name _____ <input type="checkbox"/> Company _____ CC# _____ License #: _____	Signature _____ _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE	<input type="checkbox"/> _____ <input type="checkbox"/> SPECIALTY _____ Name: _____ CC# _____ License #: _____	Signature _____ _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE